# Eligibility Requirements for Medicaid for Pregnant Women and Children (SOBRA)

Coverage for the SOBRA program is available for pregnant women and children. These children may be living in one or two parent families. You may also apply for unrelated children as long as they are living in the home.

To apply in person, go to your local county health department, federally qualified health care center or some local hospitals. For a paper application, call 1-800-362-1504. You may also apply on-line at www.insurealabama.org.

#### To be eligible for SOBRA Medicaid, you must:

- \* Be a child under age 19,
- \* Be a pregnant woman,
- \* Be a woman aged 19 44 (for family planning services only),
- \* Be a resident of Alabama,
- \* Be a U.S. citizen or be in satisfactory immigration status,
- \* Meet the income standards listed below:

### MONTHLY FAMILY INCOME Effective March 1, 2005 – February 28, 2006

FAMILY SIZE	STANDARD A 100% Poverty Level (child age 6 or older)	STANDARD B 133% Poverty Level (pregnant woman, child under age 6, or woman aged 19 - 44)
1	\$ 798.00	\$1,061.00
2	\$1,070.00	\$1,422.00
3	\$1,341.00	\$1,784.00
4	\$1,613.00	\$2,145.00.
5	\$1,885.00	\$2,506.00
6	\$2,156.00	\$2,868.00.
7	\$2,428.00	\$3,229.00
8	\$2,700.00	\$3,590.00

- \* Add \$272.00 for each additional family member for 100% poverty
- \* Add \$362.00 for each additional family member for 133% poverty

The "family size" is determined by counting the pregnant woman, the unborn child, the legal father of the unborn child (if living in the home) and children under the age of 19 living in the home.

The "monthly family income" is determined by <u>totaling all earned income received</u> in a month and <u>subtracting certain deductions</u>, such as work expense (\$90 per month) and child or incapacitated adult day care expense (within certain limits), then <u>adding any unearned income</u> to arrive at <u>the total monthly family income</u>.

Proof of the family's income must be furnished at application and at annual review. Address changes, changes in family size, and/or living arrangements must be reported to the Medicaid Agency.

## For Pregnant women:

- \* Pregnancy must be medically verified.
- \* The income of all persons included in the "family size" is counted.
- \* The parent's income of a pregnant woman is not counted.

#### **Coverage:**

- \* Medicaid coverage may begin as early as three months before the month of application, if medical services were received and all eligibility requirements were met.
- \* Services for SOBRA pregnant women are limited to pregnancy-related services, post partum services, and family planning. (The pregnant woman's coverage ends the last day of the month of the 60<sup>th</sup> post partum day.)
- \* Pregnant women under age 19 may receive full Medicaid coverage as a child after the 60-day post partum period ends.

## For Children:

- \* The income of all persons included in the "family size" is counted.
- \* The income of the <u>legal</u> parent(s) to the children is counted.
- \* Any income paid to the children is counted.
- \* The income of a stepparent is <u>not counted</u>.
- \* Income of other adults applying for the children, related or unrelated, is not counted.

#### **Coverage:**

- \* Medicaid coverage may begin as early as three months before the month of application, if medical services were received and all eligibility requirements were met.
- \* Children under 19 will receive 12 months continuous eligibility, without regard to changes in circumstances, as long as they remain residents of the state.

## **For Family Planning Services:**

You must be a woman between 19 and 44 years of age, not be receiving Medicare or have had your tubes tied, to apply. If you have children under 19 years of age in your home, use Form 291 to apply, if you do not have children under 19 years of age in your home, use Form 357 to apply.

#### **Coverage:**

Family planning services only, such as birth control pills, Depo Provera shots, a yearly family planning exam and certain other tests or lab work.

All programs and services of the Alabama Medicaid Agency are administered in full compliance with Title VI of the Federal Civil Rights Act of 1994, Section 504 of the Rehabilitation Act of 1973, and the Americans With Disabilities Act of 1990.

Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624.